



FILE #: _____

FILE NAME: _____

TYPE: _____	RECEIVED BY: _____
FEE PAID: _____	CHECK/CASH: _____
SUBMITTED: _____	LWI DESIG: _____
LAND USE DESIG: _____	NAC: _____

PLEASE SELECT THE SPECIFIC TYPE OF ZONE CHANGE FROM THE FOLLOWING LIST:

- ☐ QUASI-JUDICIAL MAP AMENDMENT ☐ LEGISLATIVE MAP AMENDMENT

COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____ FAX: _____
SIGNATURE: _____ CONTACT: _____
(Original Signature Required)

COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____ FAX: _____
SIGNATURE: _____ CONTACT: _____
(Original Signature Required)

COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____ FAX: _____
SIGNATURE: _____ CONTACT: _____
(Original Signature Required)

PROPERTY INFORMATION (REQUIRED)

SITE ADDRESS:

ASSESSOR'S MAP & TAX LOT #	LOT SIZE	EXISTING LAND USE DESIGNATION	PROPOSED LAND USE DESIGNATION	EXISTING USE OF SITE

